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		· Par		Kim	Elfstrom	(Depositor's name)
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APPLICATION NO.	FILING DATE	F	IRST NAMED INVENT	OR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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TON, MINH TOAN T 1. Change of correspondence address or indication of "Fee		2871	71 349-118000 2. For printing on the patent front page,			LA. Kobilans
Address form PTO/SB/ "Fee Address" indic PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AN PLEASE NOTE: Unler recordation as set forth (A) NAME OF ASSIGN	ation (or "Fee Address" Indictor more recent) attached. Us D RESIDENCE DATA TO E ss an assignee is identified b in 37 CFR 3.11. Completion NEE	ation form e of a Customer BE PRINTED ON THE elow, no assignee d of this form is NOT	lata will appear on the a substitute for filing (B) RESIDENCE; (CI	or agent) and the nationarys or agents. I be printed. type) e patent. If an assignment. TY and STATE OR	mes of up to If no name is 3	document has been filed for
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a. Applicant claims	s (from status indicated above SMALL ENTITY status. Sec	37 CFR 1.27.	☐ b. Applicant is no	onger claiming SMA	ALL ENTITY status. See 37 C	CFR 1.27(g)(2).
The Director of the USPTO NOTE: The Issue Fee and interest as shown by the re	D is requested to apply the Iss Publication Fee (if required) cords of the United States Par	ue Fee and Publicati will not be accepted ent and/Trademark (on Fee (if any) or to re from anyone other the Office.	≻upply any previous n the applicant; a re	sly paid issue fee to the applic gistered attorney or agent; or t	ation identified above. the assignee or other party in
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